

CHRISTOPHER WAYNE LESTER

13 OF 14

**DAY SURGERY CENTER
PROGRESS NOTES**

CHART # 3687

PATIENT: Christopher Lester
ADDRESS: P. O. Box 1113
Danville, WV 25053
PT'S DOB: 06/19/71

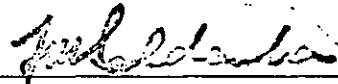
SS#: 33340
DOI: 03/10/00
CL#: 2000046841
PH#: 304-369-6657

EXAM DATE: June 13, 2001

REQUESTING CONSULTING PHYSICIAN: J. Mark Snyder, MD

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

FOLLOWUP: Christopher Lester returns for his trigger point injections. I'm not too optimistic about this man's long-term prognosis and he certainly does not seem very well motivated at all to return to work. In my initial evaluation I felt he should be rated as having reached MMI after the treatment was completed. In any case, I'm going to repeat his facet injections next week and the week after complete the treatment. At that point I am going to seriously re-evaluate him and make recommendations regarding his MMI status. Hopefully that will encourage him to get back to some form of gainful employment. FMS/las



Francis M. Saldanha, MD

D: 06-13-01
T: 06-13-01
cc: WV Workers' Compensation

6/26/01
7/2/01

500688.017.0016

**DAY SURGERY CENTER
PROGRESS NOTES**

CHART # 3687

PATIENT: Christopher Lester

SS#: [REDACTED]-3340

ADDRESS: P. O. Box 1113

DOI: 03/10/00

Danville, WV 25053

CL#: 2000046841

PT'S DOB: [REDACTED]/71

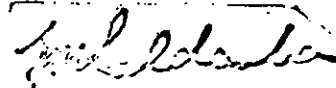
PH#: 304-369-6657

EXAM DATE: May 16, 2001

REQUESTING CONSULTING PHYSICIAN: J. Mark Snyder, MD

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

FOLLOWUP: Christopher Lester returns today for his first treatment. I've reviewed his initial evaluation in detail and he had no further questions. Facet injections were carried out without difficulty. I'll see him again as needed. FMS/las



Francis M. Saldanha, MD

D: 05-16-01

T: 05-21-01

**DAY SURGERY CENTER
HISTORY AND PHYSICAL**

CHART # 3687

PATIENT: Christopher Lester **SS#:** 33340
ADDRESS: P. O. Box 1113 **DOI:** 03/10/00
Danville, WV 25053 **CL#:** 2000046841
PT'S DOB: 71 **PH#:** 304-369-6657

EXAM DATE: February 28, 2001

REQUESTING CONSULTING PHYSICIAN: J. Mark Snyder, MD

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

CHIEF COMPLAINT: Chronic low back pain, left shoulder pain, as well as some neck pain.

HISTORY OF PRESENT ILLNESS: Christopher Lester is a 29-year-old white male who was referred to me by Dr. Snyder. He suffered work-related injuries about a year ago. He suffered previous injuries in 1993, and was off for almost four and a half years. He was treated with trigger point injections, etc., by Dr. Nelson and eventually returned to work. He got hurt when he fell off a coal truck last March and has been under the care of Dr. Snyder. He has been off work since then. He is scheduled to follow up with Dr. Loimil regarding his left shoulder. He described chronic back pain, aggravated by increased walking, standing, twisting and bending, etc. He also noted that any range of motion involving the left shoulder girdle produced a lot of pain. He also has increasing pain in the neck.

REVIEW OF SYSTEMS: A review of systems indicates that he has problems with asthma. He has no hypertension, diabetes, bladder or bowel dysfunction.

NEURORADIOLOGIC WORKUP: His workup has been fairly extensive and it appears that his cervical and lumbar MRIs were negative for disc herniations, etc.

PFMSH: He used to work as a coal truck driver. He has had no surgical procedures in the past. There is no litigation pending and he does not smoke or consume alcoholic beverages.

CURRENT MEDICATION: His medications include OxyContin, Flexeril, Paxil and Ativan, prescribed by Dr. Snyder.

PHYSICAL EXAMINATION:

Vital signs: Blood pressure was 151/119, heart rate 89 and respiration 16.

Appearance and Demeanor: Friendly and cooperative.

3/13/01
JMS

500688.017.0018

History and Physical
RE: Christopher Lester
February 28, 2001
Page 2

Gait: Slow and painful.

Ability to perform calf raises and squat: He cannot perform calf raises or squat.

Orientation to time, place and person: Normal.

Tests of coordination (finger/nose): Normal.

Cranial Nerves:

III, IV and VI: Normal eye movements.

V: Normal sensation over face

VII: Facial grimace, symmetrical.

VIII: No hearing impairment.

XI: Shoulder shrug equal.

XII: Tongue in the mid-line.

Stance: Painful.

Skin examined for scars, psoriasis, eczema, tattoos, etc.: Negative findings.

Cervical adenopathy: None.

Peripheral vascular system examined for edema, swelling and varicose veins: Negative findings.

Cervical/Thoracic Spine Exam:

Inspected for stiffness, torticollis, deviation, scoliosis, etc: Negative findings.

Palpated for significant tenderness of the paraspinous muscles, facet joints, spinous processes, etc.: Significant tenderness of the right paraspinous musculature.

Range of Motion: Within normal limits.

Lumbosacral Spine exam: Inspected for guarding, spasm, scoliosis, lordotic curve reduction or exaggeration, etc.: Negative findings.

Palpated for significant tenderness of the paraspinous muscles, spinous processes and facet joints: Significant tenderness of the lumbar facet joints on both sides.

Range of Motion: Significantly diminished in all directions.

History and Physical
RE: Christopher Lester
February 28, 2001
Page 3

Seated straight leg raising test: Negative at 90° on both sides, representing a positive Waddell's sign.

Extremities checked for muscle tone, wasting, atrophy, tremors, etc.: Negative.

Motor function checked for muscle strength in all extremities: 5/5 muscle strength in both lower extremities and the right upper extremity. There is discomfort in the left upper extremity during muscle strength examination.

Sensory function checked for perception to touch and pinwheel stimulation: Normal responses.

Reflexes including bilateral biceps, triceps, patella and ankle: Within normal limits.

DIAGNOSIS/TREATMENT PLAN AND RECOMMENDATIONS: Lumbar facet arthropathy and cervical strain, left shoulder arthrosis. I recommend two sessions of facet joint injections in the back and trigger point injections in the neck. I'll proceed as soon as authorization has been obtained. I will defer any treatment regarding his left shoulder to Dr. Loimil. I recommend that Dr. Snyder continue his medications after the low back injections have been completed. I feel he may be deemed as having reached MMI regarding the low back, but that decision will have to be made by Dr. Snyder and Dr. Mir. FMS/las



Francis M. Saldanha, MD

D: 02-28-01
T: 03-05-01
cc: Christopher Lester
J. Mark Snyder, MD
Saghir, Mir, MD
WV Workers' Compensation

LESTER, CHRISTOPHER - SSN:233153340

Page 1 of 2

Day Surgery Center
4407 MacCorkle Ave. SE
Charleston, WV 25304

304-925-3535

Patient History for:

Chart # 3687	
Patient : LESTER, CHRISTOPHER	SSN: [REDACTED]-3340
Address : P.O. BOX 1113	DOI : 03/10/2000
DANVILLE, WV25053	Claim # : 2000046841
DOB: [REDACTED] 1971	Phone # : (304) 369-6657

11/7/2002

Transcription Note(s):

1. Created By: Kimber D Marcum (11/7/2002 1:53:00 PM)

OPERATIVE REPORT

DIAGNOSIS: Lumbar Facet Arthropathy, Chronic Lumbar Strain and Cervical Strain

HISTORY: Please refer to the initial evaluation and subsequent office notes for details of this patient's history. The procedure has been discussed in detail and any questions answered.

SURGEON: Francis M. Saldanha, MD

OPERATIVE PROCEDURE: Lumbar Facet Joint Injections Levels: L3-4, 4-5 and 5-S1 Area: Bilateral

PROCEDURE AND FINDINGS: The patient was placed in the prone position and the low back was prepped aseptically. The lumbar facet joints were identified using fluoroscopy guidance and the skin prepped aseptically. The skin overlying each joint level was infiltrated with 1% Xylocaine. 25-gauge 3.5 inch spinal needles were directed into the respective facet levels appropriately. With each needle in satisfactory position, 2 cc of 0.25% Marcaine was injected with 10 mg of Kenalog. The patient tolerated the procedure well, vital signs remained stable, the needles were all removed, there was no active bleeding and the patient was discharged in satisfactory condition.

Comments:



11/7/2002

500688.017.0021

DATE: 11-7-02

NAME: LESTER, CHRISTOPHER W
 ACT#: 3687 SS#: 3340
 DOB: 7/71 AGE: 30
 DR: SAIDANHA, FRANCIS M M.D.
 NAI DOS: _____

DIAGNOSIS: _____

PROCEDURE: FACET JOINT(S) INJECTION(S)

CERVICAL R _____ L _____
 Levels _____

THORACIC R _____ L _____
 Levels _____

LUMBAR R _____ L _____
 Levels _____

The patient was placed in the _____ supine _____ prone position and the areas selected for facet joint injections were prepped with Betadine solution. The skin overlying the respective facet joints was infiltrated with a small volume of 1% Xylocaine. _____ 22-gauge, _____ 25-gauge spinal needles were directed into the respective facet joints using fluoroscopic guidance. Once the needles were in satisfactory position and following negative aspiration, a dose of _____ mg of _____ Kenalog, _____ mg of _____ In _____ Normal Saline or _____ was injected into each joint.

_____ Vital signs remaining stable, the patient was discharged in satisfactory condition.

Comments: _____

Francis M. Saldanha, M.D.

2001/002

02/14/2002 THU 02:57 FAX 304 926 2824 FRANCIS M SAIDANHA MD

500688.017.0022

Day Surgery Center
OPERATIVE REPORT

NAME: LESTER, CHRISTOPHER W
ACT#: 3687 SS#: 3340
DOB: 7/71 AGE: 30
Name: DR: SALDANHA, FRANCIS M M.D.
DOS:

Date: 6-11-02

Diagnosis: Lumbar facet arthropathy.

History: Please refer to the initial evaluation and subsequent office notes for details of this patient's history. The procedure has been discussed in detail and any questions answered.


Procedure: Lumbar facet joint injections.

Levels: L3/4, 4/5, 5/S1

Bilateral

The patient was placed in the prone position and the low back was prepped aseptically. The lumbar facet joints were identified using fluoroscopy guidance and the skin prepped aseptically. The skin overlying each level was injected with 1% Xylocaine. 22 gauge 3.5 inch spinal needles were then directed into the respective facet areas as mentioned above. Each needle placement was achieved using fluoroscopy guidance. With each needle in a satisfactory position, 10 mg of Kenalog was injected with 2 cc of 0.25% Marcaine at each level. The patient tolerated the procedure well, vital signs remained stable, the needles were removed, there was no active bleeding and the patient was discharged in satisfactory condition.

Comments:


Francis M. Saldanha, M.D.

Day Surgery Center
OPERATIVE REPORT

Name: *Lester, Chotdar*

Date: 4-29-02

Diagnosis: Lumbar facet arthropathy.

History: Please refer to the initial evaluation and subsequent office notes for details of this patient's history. The procedure has been discussed in detail and any questions answered.

Procedure: Lumbar facet joint injections.

Levels: L3/4, 4/5, 5/S1

Bilateral.

The patient was placed in the prone position and the low back was prepped aseptically. The lumbar facet joints were identified using fluoroscopy guidance and the skin prepped aseptically. The skin overlying each level was injected with 1% Xylocaine. 22 gauge 3.5 inch spinal needles were then directed into the respective facet areas as mentioned above. Each needle placement was achieved using fluoroscopy guidance. With each needle in a satisfactory position, 10 mg of Kenalog was injected with 2 cc of 0.25% Marcaine at each level. The patient tolerated the procedure well, vital signs remained stable, the needles were removed, there was no active bleeding and the patient was discharged in satisfactory condition.

Comments:



Francis M. Saldanha, M.D.

Day Surgery Center

4701 MacCorkle Avenue, SE
Charleston, WV 25304

Telephone 304-925-9300

Fax 304-925-9287

OPERATIVE REPORT

NAME: Christopher Lester

DATE: November 5, 2001

DIAGNOSIS:

Myofascial Syndrome, Left Shoulder and Neck

SURGEON:

Francis M. Saldanha, MD

OPERATIVE PROCEDURE:

Trigger Point Injections

PROCEDURE AND FINDINGS: Mr. Lester remained in the seated position and vigorous palpation was carried out of the left shoulder girdle and a total of three trigger points were identified. Trigger point injections carried out using a 5/8 inch needle and a total volume of 10 ml of 0.25% Marcaine with 20 mg of Kenalog. There was no active bleeding, his vital signs remained stable throughout and he was discharged in satisfactory condition. FMS/las



Francis M. Saldanha, MD

D: 11-05-01

T: 11-05-01

cc: CPMC

Day Surgery Center

4701 MacCorkle Avenue, SE
Charleston, WV 25304

Telephone 304-925-9300
Fax 304-925-9287

OPERATIVE REPORT

NAME: Christopher Lester

DATE: June 20, 2001

DIAGNOSIS: Lumbar Facet Arthropathy

SURGEON: Francis M. Saldanha, MD

OPERATIVE PROCEDURE: Bilateral Inferior Lumbar Facet Joint Injections at L3-4, 4-5 and 5-S1

PROCEDURE AND FINDINGS: Mr. Lester was placed in the prone position and his low back was prepped aseptically. The inferior lumbar facet areas on both sides were identified and the skin prepped aseptically. The skin overlying each joint area was infiltrated with 1% Xylocaine. A 25-gauge 3.5 inch spinal needle was directed into the L3-4, 4-5 and 5-S1 levels on the right side with fluoroscopic guidance and when the needles were in the appropriate area, 2 cc of 0.25% Marcaine was injected with 10 mg of Kenalog. The fluoroscope was moved to the left side and similar needle placements made at the L3-4, 4-5 and 5-S1 levels with fluoroscopic guidance and when the needles were in the appropriate facet areas, similar volumes were injected. The needles were all removed, there was no active bleeding and he was discharged in satisfactory condition. FMS/las



Francis M. Saldanha, MD

D: 06-20-01
T: 06-20-01
cc: CPMC

500688.017.0026

Day Surgery Center

4701 MacCorkle Avenue, SE
Charleston, WV 25304

Telephone 304-925-9300
Fax 304-925-9287

OPERATIVE REPORT

NAME: Christopher Lester

DATE: June 13, 2001

DIAGNOSIS: Cervical Myofascial Syndrome

SURGEON: Francis M. Saldanha, MD

OPERATIVE PROCEDURE: Trigger Point Injections

PROCEDURE AND FINDINGS: Mr. Lester remained in the seated position and vigorous palpation was carried out of the bilateral trapezius and rhomboid musculature and a total of four trigger points were identified. Trigger point injections carried out using a 5/8 inch needle and a total volume of 10 ml of 0.25% Marcaine with 20 mg of Kenalog. There was no active bleeding, his vital signs remained stable throughout and he was discharged in satisfactory condition. FMS/las



Francis M. Saldanha, MD

D: 06-13-01
T: 06-14-01
cc: CPMC

500688.017.0027

Day Surgery Center

4701 MacCorkle Avenue, SE
Charleston, WV 25304

Telephone 304-925-9300
Fax 304-925-9287

OPERATIVE REPORT

NAME: Christopher Lester

DATE: May 16, 2001

DIAGNOSIS: Lumbar Facet Arthropathy

SURGEON: Francis M. Saldanha, MD

OPERATIVE PROCEDURE: Bilateral Inferior Lumbar Facet Joint Injections at L3-4, 4-5 and 5-S1

PROCEDURE AND FINDINGS: Mr. Lester was placed in the prone position and his low back was prepped aseptically. The inferior lumbar facet areas on both sides were identified and the skin prepped aseptically. The skin overlying each joint area was infiltrated with 1% Xylocaine. A 25-gauge 3.5 inch spinal needle was directed into the L3-4, 4-5 and 5-S1 levels on the right side with fluoroscopic guidance and when the needles were in the appropriate area, 2 cc of 0.25% Marcaine was injected with 10 mg of Kenalog. The fluoroscope was moved to the left side and similar needle placements made at the L3-4, 4-5 and 5-S1 levels with fluoroscopic guidance and when the needles were in the appropriate facet areas, similar volumes were injected. The needles were all removed, there was no active bleeding and he was discharged in satisfactory condition. FMS/las



Francis M. Saldanha, MD

D: 05-16-01
T: 05-21-01
cc: CPMC

500688.017.0028

Day Surgery Center
4701 MacCorkle Avenue, SE
Charleston, West Virginia 25304
Phone: 304-925-9300
FAX: 304-925-7793

PATIENT NAME: Christopher Lester ADMITTED BY: W. Good

PROCEDURE: New pt. DATE: 2-28-01

MEDICATIONS USED: _____

PRE BLOOD PRESSURE: 151/119 HEART RATE: 89

POST BLOOD PRESSURE: _____ HEART RATE: _____

PROCEDURE NOTES: CC: Back & shoulder pain - neck pain

Sex: WM Age: 29 Wt: 274 Ht: 5'8

Sx: -

Med: Oxycotin, Flexeril, Paxil, Ativan

Allergies: NKDA

DISCHARGE

AMBULATES WELL

VITAL SIGNS STABLE

AWAKE AND ALERT

INSTRUCTIONS GIVEN

SIGNED: W. Good

Christopher Lester

CLINICAL EXAMINATION

Vital signs: BP HR RR

Appearance & demeanor: friendly & cooperative, anxious, depressed, well-nourished, moderately obese, Morbidly obese

Gait: normal, unassisted, slow, painful, stooped, uses a cane/walker/crutches/..... Wheelchair bound
Assistance required

Ability to perform calf raises/squat: NO

Orientation to time, space and person: normal

Tests of coordination (finger/nose): normal

Cranial nerves: III, IV, & VI: normal eye movements.
V: normal sensation over face.
VII: facial grimace symmetrical
VIII: no hearing impairment
XI: shoulder shrug equal
XII: tongue midline

Stance: normal, iliac crests level

Skin: examined for scars, psoriasis, eczema, tattoos etc.

Cervical adenopathy: none

Peripheral vascular system: examined for edema, swelling, varicose veins & distal pulses.

Cervical/Thoracic spine exam.

Inspection for stiffness, torticollis, deviation, scoliosis etc.

Palpation for significant tenderness of the paraspinal muscles, facet joints, spinous processes etc.

Range of motion: NL

Lumbosacral spine exam.

Inspection for guarding, spasm, scoliosis, lordotic curve reduction or exaggeration etc.

Palpation for tenderness of the paraspinal muscles, spinous processes, facet joints etc.

Range of motion: LLL

Seated straight leg raising test:

Right:

Left:

N 90°! waddles +

Extremities checked for wasting, atrophy, tremors etc.:

Motor function checked for muscle strength in all extremities.

Findings: 5/5 x 4

Sensory function checked for perception to touch and pinwheel stimulation.

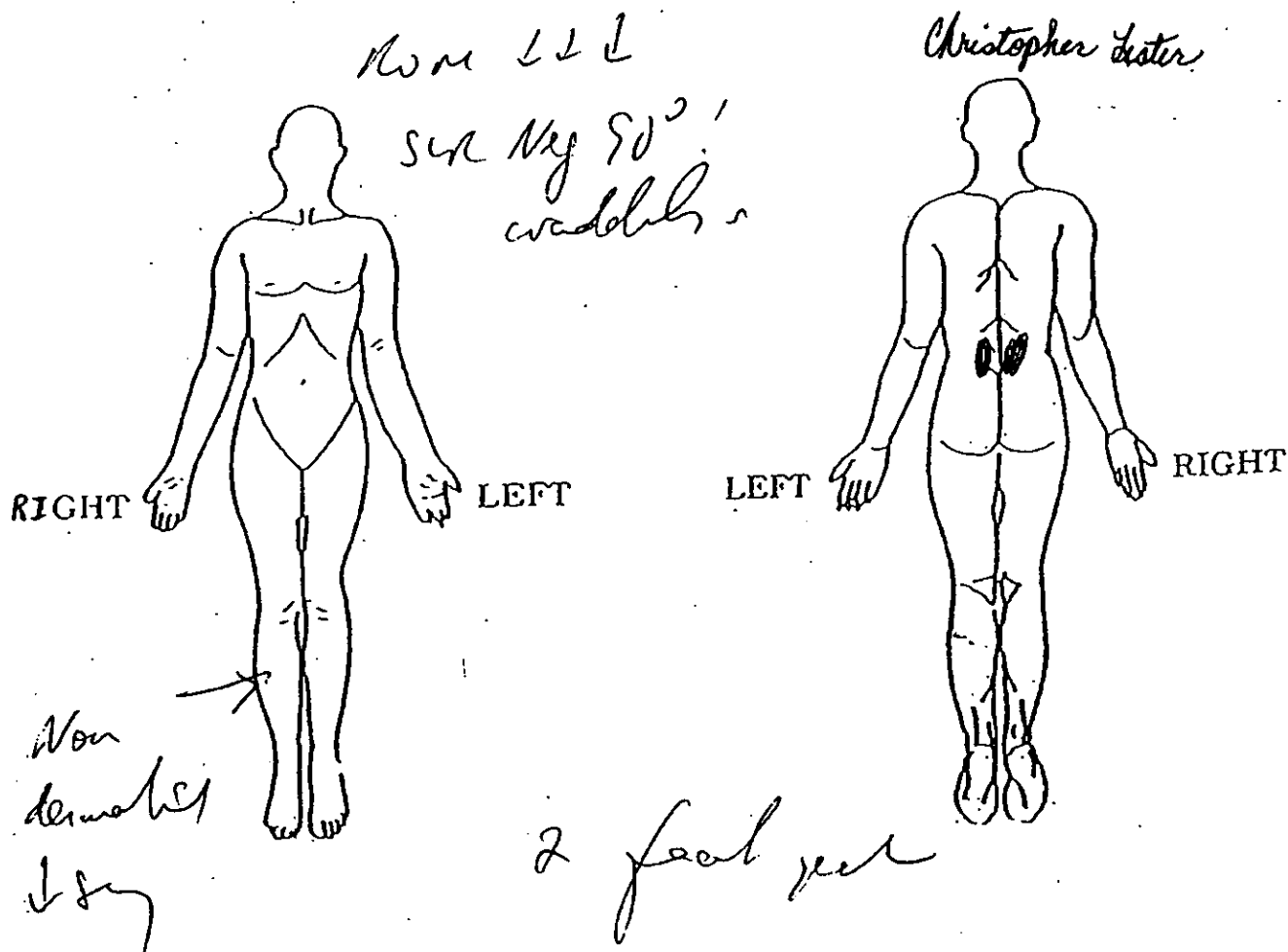
Findings: Neg

Reflexes incl. bilateral biceps, triceps, patellar and ankle: NL

Diagnoses/plan of treatment/recommendations etc.:

2 facet. Back
TPI Neck

old injuries '93 off 4 yrs
NRW 1 yr
New injury 3/2000
Back & (C) shoulder



0001/001

CPMC

CHARLESTON PAIN MANAGEMENT CONSULTANTS, Inc.

Board Certified in Anesthesiology
Specialist in Chronic Pain Management

Francis M. Saldanha, M.D.

Cervical/Lumbar Facet Joint Injection

Dr. _____ has recommended that I undergo diagnostic cervical/lumbar facet joint injections. This involves placing needles with x-ray guidance through the stem of my neck/back into the joints of the vertebral column, or immediately adjacent to them to block the nerves to the joints. A small dose of local anesthetic and cortisone (steroid) is injected into each needle, with dye occasionally.

Possible complications of this procedure include:

- Bleeding and/or infection
- Allergic reaction
- Increased pain
- Unintended nerve damage
- Spinal injection causing fall in blood pressure and numbness of the extremities, with difficulty in breathing.

These are not all of the complications but include the more serious or more frequent complications.

Dr. _____ has explained the above procedure to me and I have reviewed this form and I understand there is no guarantee that an epidural injection will decrease the amount of pain that I am having. I also understand that my pain might increase after this procedure.

I have had an opportunity to ask questions and they have been satisfactorily answered.

After reviewing this information, I wish to proceed with a cervical epidural injection.

Patient Signature Chris Lento Date _____
Witness Signature S. Burdette Date 5/16/01

4407 MacCorkle Avenue, S.E. • Charleston, West Virginia 25304 • (304) 925-3535 • (800) 801-3535

08/23/00 11:13 TX/RX NO.3726 P.001

500688.017.0032

Day Surgery Center
4701 MacCorkle Avenue, SE
Charleston, West Virginia 25304
Phone: 304-925-9300
FAX: 304-925-7793

PATIENT NAME: Christopher Foster ADMITTED BY: _____

PROCEDURE: L FACE DATE: 5/16/01

MEDICATIONS USED: _____

PRE BLOOD PRESSURE: 134/84 HEART RATE: 70

POST BLOOD PRESSURE: 134/80 HEART RATE: 68

PROCEDURE NOTES: Pt. prep. & placed in prone
position - per Dr. Saldana - Pt. tolerated
procedure well VSS upon D/C

DISCHARGE

☒ AMBULATES WELL
☒ VITAL SIGNS STABLE
☒ AWAKE AND ALERT
☐ INSTRUCTIONS GIVEN

SIGNED: S. Bendette

Dr. Surgery Center
476 MacCulloch Avenue, SE
Charleston, West Virginia 25304
Phone: 304-925-9300
FAX: 304-925-7793

PATIENT NAME: Christopher Leston ADMITTED BY: Amu T
PROCEDURE: TPI DATE: 6/13/01

DIAGNOSIS USED: _____

BLOOD PRESSURE: 154/95 HEART RATE: 113

TEMPERATURE: _____ HEART RATE: _____

PROCEDURE NOTES: Consent signed pt prepped
for procedure per Dr. Saldanha
pt tolerated procedure well

DISCHARGE

- ☒ AMBULATES WELL
- ☒ VITAL SIGNS STABLE
- ☒ AWAKE AND ALERT
- ☒ INSTRUCTIONS GIVEN

SIGNED: Dr. Saldanha

05/25/2001 FRI 02:40 FAX 304 925 2924 FRANCIS M SALDANHA MD

05/25/2001

Day Surgery Center

Francis M. Saldanha, MD
Board Certified in Anesthesiology
Specialist in Chronic Pain Management

Trigger Point Injection

Dr. Saldanha has recommended that I undergo a trigger point injection for diagnosis and/or treatment of my pain condition. I understand a trigger point injection is done by placing a needle in the tissue where the pain originates. After the needle is positioned local anesthetic medication and perhaps a steroid (Cortisone type medication) is injected into the area.

This procedure might produce some degree of numbness at or around the injection site which may last for several hours. Steroid medication is used to reduce inflammation if inflammation is thought to be part of the problem.

Possible complications of this procedure include:

- Allergic reaction to the medication
- Bleeding
- Infection
- Increased pain
- Damage to internal organs
- Collapse of the lung requiring insertion of a drainage tube

These are not all of the possible complications but do include the more serious or more frequent complications.

I understand there is no guarantee the trigger point injection will decrease the amount of pain I am having. Although it is unlikely, it is possible my pain might increase after this procedure.

I understand this procedure will be done by Dr. _____ with assistance from nurses, technicians, and other doctors as needed.

Dr. _____ has explained the procedure, anticipated benefits, and possible risks of a trigger point injection to me and I have reviewed this form. I have had an opportunity to ask questions and they have been satisfactorily answered.

After reviewing this information, I wish to proceed with trigger point injection.

Patient Signature *Chai Lester* Date 06-13-01

Witness Signature *Amy Meadows* Date 06-13-01

4407 MacCorkle Avenue S.E. • Charleston, West Virginia 25304 • (304) 925-3535 • Fax: (304) 925-2924

05/24/01 13:47

TX/RX NO.5799

P.001

500688.017.0035

I v Surgery Center
470 MacCordle Avenue, SE
Charleston, West Virginia 25304
Phone: 304-925-9300
FAX: 304-925-7793

PATIENT NAME: Christopher Lester ADMITTED BY: 10-20-01 AR
PROCEDURE: Lumbar Facet DATE: 10-20-01

EDICATIONS USED: _____

HBLOOD PRESSURE: 74/2187 HEART RATE: 100

SBLOOD PRESSURE: 129/62 HEART RATE: 88

PROCEDURE NOTES: Consent signed and witnessed
Pt placed in position per Dr. Saldanha
tolerated well. VSS

DISCHARGE

- ☒ AMBULATES WELL
- ☒ VITAL SIGNS STABLE
- ☒ AWAKE AND ALERT
- ☒ INSTRUCTIONS GIVEN

SIGNED: Alfred J. M.P.

CPMC

Board Certified in Anesthesiology
Specialist in Chronic Pain Management

CHARLESTON PAIN MANAGEMENT CONSULTANTS, Inc.

François M. Saldanha, M.D.

Cervical/Lumbar Facet Joint Injection

I, _____ has recommended that I undergo diagnostic cervical/lumbar facet joint injections. This involves placing needles with x-ray guidance through the stem of my neck/back into the joints of the vertebral column, or immediately adjacent to them to block the nerves to the joints. A small dose of local anesthetic and cortisone (steroid) is injected into each needle, with dye occasionally.

Possible complications of this procedure include:

- Bleeding and/or infection
- Allergic reaction
- Increased pain
- Unintended nerve damage
- Spinal injection causing fall in blood pressure and numbness of the extremities, with difficulty in breathing.

These are not all of the complications but include the more serious or more frequent complications.

I, _____ has explained the above procedure to me and I have reviewed this form and I understand there is no guarantee that an epidural injection will decrease the amount of pain that I am having. I also understand that my pain might increase after this procedure.

I have had an opportunity to ask questions and they have been satisfactorily answered.

After reviewing this information, I wish to proceed with a cervical epidural injection.

Patient Signature X Chris Denton Date 6/20/01
Witness Signature A. Roberts MD Date 6/20/01

4407 MacCorrille Avenue, S.E. • Charleston, West Virginia 25304 • (304) 925-3535 • (800) 801-3535

06/04/01 15:13 TX/RX NO.5907 P.001

500688.017.0037

Day Surgery Center

Francis M. Saldanha, MD
Board Certified in Anesthesiology
Specialist in Chronic Pain Management

Trigger Point Injection

Dr. Saldanha has recommended that I undergo a trigger point injection for diagnosis and/or treatment of my pain condition. I understand a trigger point injection is done by placing a needle in the tissue where the pain originates. After the needle is positioned local anesthetic medication and perhaps a steroid (Cortisone type medication) is injected into the area.

This procedure might produce some degree of numbness at or around the injection site which may last for several hours. Steroid medication is used to reduce inflammation if inflammation is thought to be part of the problem.

Possible complications of this procedure include:

- Allergic reaction to the medication
- Bleeding
- Infection
- Increased pain
- Damage to internal organs
- Collapse of the lung requiring insertion of a drainage tube

These are not all of the possible complications but do include the more serious or more frequent complications.

I understand there is no guarantee the trigger point injection will decrease the amount of pain I am having. Although it is unlikely, it is possible my pain might increase after this procedure.

I understand this procedure will be done by Dr. _____ with assistance from nurses, technicians, and other doctors as needed.

Dr. _____ has explained the procedure, anticipated benefits, and possible risks of a trigger point injection to me and I have reviewed this form. I have had an opportunity to ask questions and they have been satisfactorily answered.

After reviewing this information, I wish to proceed with trigger point injection.

Patient Signature X Grim Senter Date 11-5-01
Witness Signature SGood Date _____

4407 MacCorkle Avenue S.E. • Charleston, West Virginia 25304 • (304) 925-3535 • Fax: (304) 925-2924

05/24/01 13:47

TX/RX NO. 5799

P.001

500688.017.0038

4701 MacCordle Avenue, SE
Martinsburg, West Virginia 25304
NAME: LESTER, CHRISTOPHER W 259300
ACT#: 3687 SS#: 08340 57793
DOB: /71 AGE: 30
DR: SALDANHA, FRANCIS M M.D.
DOS:

PATIENT NAME: ADMITTED BY: *KME*

PROCEDURE: *Lumb Facets* DATE: *4/29/02*

MEDICATIONS USED:

PRE BLOOD PRESSURE: *116/75* HEART RATE: *108*

POST BLOOD PRESSURE: HEART RATE:

PROCEDURE NOTES:

*Dr signed
consent & witnessed
Dr placed in
position*

*185-110 home
good condition*

DISCHARGE

AMBULATES WELL

SIGNED: *KME*

VITAL SIGNS STABLE

AWAKE AND ALERT

INSTRUCTIONS GIVEN

CPMC

NAME: LESTER, CHRISTOPHER W
HAACT#: 3687 SS#: 3340
DOB: /71 AGE: 30
DR: SALDANHA, FRANCIS M M.D.
DOS:

Board Certified in Anesthesiology
Specialist in Chronic Pain Management

CONSULTANTS, Inc.

Francis M. Saldanha, M.D.

Dr. _____ has recommended that I undergo diagnostic cervical/lumbar facet joint injections. This involves placing needles with x-ray guidance through the stern of my neck/back into the joints of the vertebral column, or immediately adjacent to them to block the nerves to the joints. A small dose of local anesthetic and cortisone (steroid) is injected into each needle, with dye occasionally.

Possible complications of this procedure include:

- Bleeding and/or infection
- Allergic reaction
- Increased pain
- Unintended nerve damage
- Spinal injection causing fall in blood pressure and numbness of the extremities, with difficulty in breathing.

These are not all of the complications but include the more serious or more frequent complications.

Dr. _____ has explained the above procedure to me and I have reviewed this form and I understand there is no guarantee that an epidural injection will decrease the amount of pain that I am having. I also understand that my pain might increase after this procedure.

I have had an opportunity to ask questions and they have been satisfactorily answered.

After reviewing this information, I wish to proceed with a cervical epidural injection.

Patient Signature Chris Lester Date 4/24/02
Witness Signature Kne over Date 4/24/02

today Bilateral facets

270 July (Bi.) Facets

4407 MacCorde Avenue, S.E. • Charleston, West Virginia 25304 • (304) 925-3535 • (800) 801-3535

06/04/01 15:13 TX/RX NO.5907 P.001

500688.017.0040

4701 MACDONALD AVE, SW
 Clifton, West Virginia 25304

NAME: LESTER, CHRISTOPHER W
 ACT#: 3687 SS#: 3340
 DOB: /71 AGE: 30
 DR: SALDANHA, FRANCIS M M.D.
 DOS:

PATIENT NAME:

ADMITTED BY:

PROCEDURE:

DATE:

MEDICATIONS USED:

PRE BLOOD PRESSURE:

HEART RATE:

POST BLOOD PRESSURE:

HEART RATE:

PROCEDURE NOTES:

Consent signed and witnessed by
 Placed in position of procedure ph released
 Procedure well JSS-DC home

DISCHARGE

☒ AMBULATES WELL
☒ VITAL SIGNS STABLE
☒ AWAKE AND ALERT
☒ INSTRUCTIONS GIVEN

SIGNED:

Day Surgery Center

Francis M. Saldanha, MD
Board Certified in Anesthesiology
Specialist in Chronic Pain Management

NAME: LESTER, CHRISTOPHER
ACT#: 3687 SS#: 3340
DOB: /71 AGE: 30
DR: SALDANHA, FRANCIS M.M.D.
DOS:

Cervical/Lumbar Facet Joint Injection

Dr. _____ has recommended that I undergo diagnostic facet joint injections. This involves placing needles with x-ray guidance through the stem of my neck/back into the vertebral column, or immediately adjacent to them to block the nerves to the joints. A small dose of lidocaine and cortisone (steroid) is injected into each needle, with dye occasionally.

Possible complications of this procedure include:

- Bleeding and/or infection
- Allergic reaction
- Increased pain
- Unintended nerve damage
- Spinal injection causing fall in blood pressure and numbness of the extremities, with difficulty in breathing.

These are not all of the complications but include the more serious or more frequent complications.

Dr. _____ has explained the above procedure to me and I have reviewed and understand there is no guarantee that an epidural injection will decrease the amount of pain that I am experiencing. I understand that my pain might increase after this procedure.

I have had an opportunity to ask questions and they have been satisfactorily answered.

After reviewing this information, I wish to proceed with a cervical epidural injection.

Patient Signature [Signature] Date 6/11/02
Witness Signature [Signature] Date 6/11/02

RTO
Smith
Fup

4407 MacCorkle Avenue S.E. • Charleston, West Virginia 25304 • (304) 925-3535 • Fax: (304) 925-3535

NAME: LESTER, CHRISTOPHER W
 ACTH: 3687 SS#: 340
 DOB: /71 AGE: 30
 DR: SALDANHA, FRANCIS M M.D.
 DOS:

114, West Virginia 25304
 Phone: 304-925-9300
 FAX: 304-925-7193

PATIENT NAME:

ADMITTED BY:

PROCEDURE:

DATE:

MEDICATIONS USED:

PREBLOOD PRESSURE:

HEART RATE:

POSTBLOOD PRESSURE:

HEART RATE:

PROCEDURE NOTES:

PT consent signed
 I witnessed. UA prepped
 & placed on bed
 pt tolerated procedure
 well. USS/DCA

DISCHARGE

AMBULATES WELL

VITAL SIGNS STABLE

AWAKE AND ALERT

INSTRUCTIONS GIVEN

SIGNED:

[Signature]

CPMC

CHARLESTON PAIN MANAGEMENT

NAME: LESTER, CHRISTOPHER W
ACT#: 3687
DOB: [REDACTED] / 71
SS#: [REDACTED] 3340
AGE: 30
DR: SALDANHA, FRANCIS M M.D.
DOS:

Board Certified in Anesthesiology
Specialist in Chronic Pain Management

Francis M. Saldanha, M.D.

Cervical/Lumbar Facet Joint Injection

Dr. Saldanha

joint injections. This involves placing needles with x-ray guidance into the vertebral column, or immediately adjacent to them to block the nerves to the joints. A small dose of local anesthetic and cortisone (steroid) is injected into each needle, with dye occasionally.

diagnostic cervical/lumbar facet
of my neck/back into the joints of

Possible complications of this procedure include:

- Bleeding and/or infection
- Allergic reaction
- Increased pain
- Unintended nerve damage
- Spinal infection causing fall in blood pressure and numbness of the extremities, with difficulty in breathing.

These are not all of the complications but include the more serious or more frequent complications.

Dr. Saldanha has explained the above procedure to me and I have reviewed this form and I understand there is no guarantee that an epidural injection will decrease the amount of pain that I am having. I also understand that my pain might increase after this procedure.

I have had an opportunity to ask questions and they have been satisfactorily answered.

After reviewing this information, I wish to proceed with a cervical epidural injection.

Patient Signature

Date

Witness Signature

Date

JAN-11-01 12:25 PM 62347M16D4RS

304 369 1742

P.25

Neurodiagnostics

ELECTROMYOGRAM

Charleston Area Medical Center
Charleston, West Virginia

☒ General Division 348-6204
☐ Memorial Division 348-9085
☐ Women & Children's 348-2636

PT # 1205395757

Name: Lester, Christopher Age: 28 DOB: 03/71 Sex: Male Room: OP
P.O. Box 1113
Address: Danville, WV Physician: Snyder/Amores Date: 10/2/00 EMG# 5735B

STIMULATE	ACTION POTENTIAL AMPLITUDE	CONDUCTION STUDIES CONDUCTION VELOCITY	DISTAL MOTOR LATENCY
(L) Median (record thenar)	4.0 millivolts	50.4 m/sec	2.6 msec.
(R) Ulnar (record hypothenar)	8.0 millivolts	55.5 m/sec	2.1 msec.

STIMULATE	DISTANCE	DISTAL SENSORY LATENCY
(L) Index (record median)	12.1 cm	2.6 msec.
(L) Fifth (record ulnar)	11.0 cm	2.3 msec.

MUSCLE	FIBRILLATION (Positive Sharp Waves)	MUSCLE EXAMINATION	
		FASCICULATION Minimal	MOTOR UNIT POTENTIAL Maximal
(R) Biceps	0	0	normal
(R) Triceps	0	0	normal
(R) Deltoid	0	0	normal
(R) First dorsal interosseous	0	0	normal
(R) Flexor carpi radialis	0	0	normal
(R) Extensor carpi radialis	0	0	normal

IMPRESSION:

The left median and ulnar motor and sensory conduction studies were normal. The insertion exam was normal.

The Electromyogram was normal. There was no evidence of a carpal tunnel syndrome, ulnar neuropathy, generalized peripheral neuropathy or a focal cervical radiculopathy.

LEE H. PRATT, M.D.

LHP/kjm
Typed 10/04/00 @ 1123

JAN-11-01 12:24 PM 62347M16D4AS

304 369 1742

P.23

BOONE MEMORIAL HOSPITAL, Madison, W. Va. X-RAY REPORT		E.R.	Hou.	OPD
---	--	------	------	-----

LESTER, CHRISTOPHER

9-12-2000

11:17

P O BOX 1113

FILM #

DANVILLE, WV 25053

369-6657

1971

COMPENSATION

DR SNYDER

OPD

PROCEDURE:

MRI CERVICAL AND LUMBAR 9-12-00

REPORT:

LUMBAR MRI:

HISTORY: LOW BACK AND RIGHT LEG PAIN

The vertebral bodies and intervertebral disc spaces are of normal height and demonstrate normal signals. There is posterior protrusion of disc material. The spinal canal is of normal dimensions. The conus medullaris is unremarkable.

IMPRESSION: NORMAL STUDY.

CERVICAL MRI:

HISTORY: NECK AND LEFT ARM PAIN

There is no posterior protrusion of disc material or other space occupying lesion impinging on the thecal sac or spinal cord. The spinal cord and spinal canal are of normal dimensions. No abnormal signals are seen in the spine or spinal cord. The foramen magnum is not compromised.

IMPRESSION: NORMAL STUDY.

DAVID A. SPARKS, M.D./lp
9-12-00



FORM # 56

500688.017.0046

JAN-11-01 12:24 PM 62347M16D4A5

384 369 1742

P.24

BOONE MEMORIAL HOSPITAL, Madison, W. Va. X-RAY REPORT E.R. Hou. OPD

Lester, Christopher,

8-30-00

369-6657

OPD

P1 Box 1113 Danville WV 25053

FILM #

114/17

-71

Comp

Snyder

Rib AC separation

PROCEDURE:

Rib Cage L AC w/ and w/o wt.

REPORT:

INDICATION: A-C SEPARATION

ACROMIOCLAVICULAR JOINTS:

LEFT A-C JOINT:

There is normal appearance of the acromioclavicular joint, seen both with and without weights. There is no evidence for A-C separation or acute fracture.

RIGHT A-C JOINT:

There is normal appearance of the acromioclavicular joint both with and without weights. There is no evidence for A-C separation or acute fracture.

LEFT RIBS:

There is no evidence for acute rib fracture.

JOHN J. ANTON, M.D./lp
8-30-00

65

FORM # 66

500688.017.0047

JAN-11-01 12:15 PM 62347M16D4A5

304 369 1742

P.03

Christopher Lester
Wt 285 P 124

DOB [REDACTED] 71

12-29-00

S-In for f/u and still having severe back and shoulder pain, he is due for an MRI of the shoulder tomorrow.

O-Exam - he can barely walk with the assist of a cane, he has gross limitation of movement of the shoulders, on internal and external rotation. He has mid back tenderness and can barely sit down and raise up.

A-Chronic low back and shoulder pain exacerbated by recent fall with questionable compression fracture T11

P-Continue Oxycontin, Ativan, Paxil, and Hydrocodone as necessary and get MRI, we are awaiting appt at the pain clinic, I think he has approval for that and f/u in 4 wks.

John M. Snyder, D. O./bjw



500688.017.0048

JAN-11-01 12:16 PM 62347M16D4A5

304 369 1742

P.04

Chris Lester
Wt 292 P 84

DOB [REDACTED] /71

12-12-00

S-In for hospital f/u he had fell striking his dorsal spine on some steps, he was in the hospital for a few days for pain, he states that the Oxycontin 40 is helping, he is having to supplement it with prn Hydrocodone.

O-Exam- he still has some swelling overlying his back, it is grossly tender. Cannot flex at all.

A-Dorsal back contusion, with questionable compression fracture, could not tell if it is old or new

P-Continue meds for now as outlined, continue on Flexaril, refill Hydrocodone, he is to f/u in 2 wks.

John M. Snyder, D. O./bjw

12-12-00

JAN-11-01 12:16 PM 62347M16D4A5

304 369 1742

P.05

Christopher Lester
Wt 288 P 84

DOB [REDACTED] 71

11-27-00

S-In for f/u and doing about the same, he still has a lot of low back and shoulder pain. I have dictated a letter for the pain clinic, also waiting to see what is going on with Dr. Loimil. He would like to see a psychiatrist also.

O-Exam- no apparent distress, vitals are stable. He has diminished ROM of the left shoulder internal and external rotation, significant low back tenderness. SLR is neg, at any attempt.

A-Chronic severe LBP, possible rotator cuff left shoulder. Severe pain.

P-Await f/u at the pain clinic and Dr. Loimil, make appt with Dr. Settle, he is to f/u with me afterwards.

John M. Snyder, D. O./bjw



JAN-11-01 12:17 PM 62347M16D4A5

304 369 1742

P.06

Christopher Lester

DOB [REDACTED] 71

11-14-00

Wt 285 P 66 BP 130/80

S-In for f/u of his back and shoulder, he is also accompanied by voc rehab individual. He is doing about the same and still has considerable amt of back pain and shoulder pain. He has not reappointed to see Dr. Loimil at this point and time but I think it is in the works with comp.

O-Exam- he has tenderness of the entire shoulder girdle. Decreased internal and external rotation. He has acute LS tenderness. SLR creates pain bilaterally at 10 degrees, DTR's are symmetrical.

A-Chronic LBP possible rotator cuff tear of the shoulder.

P-Continue Oxycontin, we need to get him in to the pain clinic and hopefully speed up his appt with Dr. Loimil, I told the case worker I would dictate a letter in regard to the pain clinic and send a copy to comp and her.

John M. Snyder, D. O./bjw

JMS/10/00

500688.017.0051

JAN-11-01 12:17 PM 62347M16D4A5

304 369 1742

P.87

Christopher Lester DOB [REDACTED] 71 10-30-00
WT 284 P 104 BP 110/60

S-In for f/u, he is still having considerable amt of anxiety despite Paxil and Ativan at this point and time. I think he and his wife plan on seeing a marriage counselor. He gets upset with his children frequently. He is still having a lot of back pain of course under comp, but he has noticed his legs going out on him on occasions.

O-Exam - he is mildly upset, vitals are stable. Lungs are clear. Heart is regular.

A-Ongoing anxiety depression.

P-Continue Paxil 20 BID, increase Ativan to 1 mg BID, and follow.

John M. Snyder, D. O./bjw



JAN-11-01 12:17 PM 62347M16D4A5 304 369 1742

P.08

Christopher Lester
Wt 284 P 88

DOB [REDACTED] /71

10-25-00

S-In for f/u, he saw Dr. Loimil since seeing me last, waiting further evaluation from comp. I don't have a report back yet. Chris is still feeling quite agitated and upset at times. He still has a considerable amt of back pain.

O-Exam - vitals are stable. He walks with a very stiff gait, he can barely flex. SLR is neg. but painful at extremes. He has limited motion of his shoulders.

A-LBP, rotator cuff strain, left shoulder.

P-Maintain meds. rx written and increase Paxil to 20 BID, given samples of that, and maintain any other physician f/u as outlined. F/U with me in 4 wks.

John M. Snyder, D. O./bjw



JAN-11-01 12:18 PM 62347M16D4A5

304 369 1742

P.09

Chris Lester
Wt 284 P 88

DOB [REDACTED] 71

10-11-00

S-In for f/u, he still having low back pain and mid back pain and left shoulder. He is due to see Dr. Loimil later on this mo. He is still having problems with anxiety and temper loss, doesn't seem to change a whole lot with Paxil at this point and time.

O-Exam - he walks with a very stiff gait, he has tenderness of the dorsal and low back, diminished ROM of the left shoulder especially on internal and external rotation.

A-LBP, dorsal back pain, anxiety depression

P-Oxycontin 10 TID, to take regularly right now to try to get some pain under control for him, given Ativan .5 BID, maintain Paxil and f/u 2 wks.

John M Snyder, D. O./bjw

John M Snyder

JAN-11-01 12:18 PM 62347M16D4AS

304 369 1742

P.10

Christopher Lester
Wt 294 P 80

DOB [REDACTED] 71

9-29-00

S-In for f/u, still having some back pain not quite as severe as it was. He is also complaining of being anxious and depressed at home, states his wife and kids are going to move out unless he does something. He flies off the handle with any prompting but also feels depressed most of the time.

O-Exam- no gross distress, vitals are stable. Lungs are clear to auscultation. Heart is regular. He has mid dorsal tenderness.

A-Ongoing LBP, anxiety depression

P-Discussed nature and treatment of depression, and anxiety. Refill on Vicodin for pain, also will try on Vioxx and refill on Flexaril and start on Paxil 20 mg 1 daily and f/u next scheduled appt. sometime later next wk.

John M. Snyder, D. O./bjw



500688.017.0055

JAN-11-01 12:19 PM 62347M16D4A5

304 369 1742

P.11

Christopher Lester
Wt 300 P 96

DOB [REDACTED] /71

9-26-00

S-Complains of mid dorsal back pain, for the past 2-3 days, increased with respiration, no history of trauma, states he has been very anxious recently also.

O-Exam - no gross distress, he has some dorsal back tenderness, lungs are clear. Heart is regular.

A-Dorsal back pain, acute onset.

P-Observation at this time, I don't think we need any further x-rays, MRI's are neg. he is to rest, local heat. Valium 5 1 PO Q6 hrs, primarily for muscle relaxation I wish to follow in a few days.

John M. Snyder, D. O./bjw

for 5-8-00

500688.017.0056

JAN-11-01 12:19 PM 62347M16D4A5

384 369 1742

P.12

Christopher Lester
WT 292 P 84

DOB [REDACTED] 71

9-13-00

S-Here for f/u still has a lot of pain in the shoulder and back, he had his MRI but I don't have the report back yet. We have not heard anything back as far as his appt with Dr. Loimil, his EMG is pending

O-Exam - he is ambulatory without distress, he is using a cane however. It helps relieve some of his back pain. Exam of the left shoulder shows no obvious deformities. He has difficulty with internal and external rotation and cannot raise above level.

A-LS strain

P-Hopefully get appt to see Dr. Loimil, I don't know what the hold up is other than the way comp does things. F/U in 2 wks.

John M. Snyder, D.O./bjw

JMS 8-15-01

500688.017.0057

JAN-11-01 12:19 PM 62347M16D4A5

304 369 1742

P.13

Christopher Lester
P 100

DOB [REDACTED]/71

8-28-00

S-In for f/u and still having significant left shoulder and back pain. He recently had a compensation examination, there is a copy in the chart. MRI's were approved for cervical and lumbar pain.

O-Exam - he walks with a limp. He has decreased ROM in the neck, he has difficulty raising the shoulder above level. He feels as if it locks. There is tenderness on anterior palpation. He can barely SLR. Neuro is normal.

A-Right shoulder strain, possible internal derangement. Chronic recurrent LBP.

P-Will schedule MRI, try to get appt for him to see Dr. Loimil in relationship to the shoulder, place him in PT for 2 weeks. Given refill on Motrin, Flexaril and Vicodin and f/u in 2 wk.

John M. Snyder, M. D./bjw

89-25-01

500688.017.0058

JAN-11-01 12:20 PM 62347M16D4A5

304 369 1742

P.14

Christopher Lester
Wt 296 P 84

DOB [REDACTED] 61

7-31-00

S-In today and not doing any better, still has considerable amt of shoulder pain, no appt with Dr. Loimil yet. He still has back pain, the therapy didn't help him.

O-Exam - he has gross difficulty in internal and external rotation. The shoulder cannot elevate it. Strength is equal bilaterally. He can barely SL bilaterally.

A-Chronic recurrent LBP. Shoulder strain.

P-Maintain Vicodin prn, Flexaril 10 QHS, and maintain mobility as much as possible, await consult with Dr. Loimil and f/u 2 wks.

John M. Snyder, D. O./bjw

7840

500688.017.0059